R. I. DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Office of Water Resources

APPLICATION FOR ORDER OF APPROVAL

WASTEWATER TREATMENT FACILITY (WWTF) AND/OR
SEWER SYSTEM EXPANSION/MODIFICATION

If additional space is required to properly answer any questions, please attach additional sheets and refer to the attachments in the appropriate space provided:

GENERAL PROJECT INFORMATION

1. Date of Application: _____

2. Project/System Name: _____

3. Project/System Location: _____

4. Project Type (Check all that apply): WWTF_____   Sewer Extension _____   Pump Station_____

    Industrial____ Commercial____ Residential___

5. Applicant name: _____

6. Applicant address: _____

    _____

7. Applicant phone #: _____

8. Owner name: (if different from # 5) _____

9. Owner address: _____

    _____

10. Owner phone #: _____

11. Design Engineer: _____

12. Design Engineer address: _____

    _____

13. Design Engineer phone #: _____

REGULATORY/ADMINISTRATIVE

1. PRETREATMENT:

    a. Is a municipal discharge permit under Pretreatment Program regulations required?   YES_____ NO_____

    b. Will a substantial modification of the Pretreatment Program be required?   YES_____ NO_____

2. COLLECTION AND TREATMENT SYSTEM

NOTE: IF THE FLOWS TO BE GENERATED BY THE PROPOSED PROJECT ARE CONVEYED AND TREATED ENTIRELY WITHIN ONE JURISDICTION, THE FOLLOWING SIGNATURE IS REQUIRED

As the designated municipal (or other entity) official, I have reviewed the proposed project and have determined that all downstream lines, pump stations, and treatment facilities owned by this municipality (or other entity) can presently handle and treat the flows generated by the proposed project.

SIGNATURE AND
TITLE:_____

NOTE: IF THE FLOWS TO BE GENERATED BY THE PROPOSED PROJECT ARE <u>NOT</u> CONVEYED AND TREATED ENTIRELY WITHIN ONE JURISDICTION, THEN THE FOLLOWING ADDITIONAL SIGNATURE IS REQUIRED

As the designated official
for_____,
I have also reviewed the proposed project and have determined that the downstream lines, pump stations, and treatment facilities which will ultimately receive the flows generated by the proposed project have adequate capacity to convey and treat the proposed flows.

SIGNATURE AND
TITLE:_____

3. FUNDING:

    a. Will the municipality file an application for State or Federal funding assistance?   YES____ NO_____

    b. If yes, please indicate which funding programs:_____

PROJECT DATA

1. Number of residences or units to be served, if applicable: _____

2. Other establishments to be served (e.g. industrial, commercial, governmental):

    a. _____

          Name   Type   Design Flow (gpd)

    b. _____

OAAPLFRM rev 1_03.doc

	Name	Type	Design Flow (gpd)

c. _____

_
	Name	Type	Design Flow (gpd)

3. Flow Data

• DEM's policy on estimating flows shall be used to calculate the average daily flows (ADF's) listed below. An estimate of allowable infiltration per said policy shall be added to the ADF's. Peaking factors used to calculate the design flows for sizing the conveyance facilities shall be obtained from the above referenced policy.

• If the project has more than one discharge point, the total ADF estimated as explained above shall be presented in the supporting computations to show the flow for each discharge point.

• The supporting computations shall indicate that wastewater conveyance facilities are sized based on estimated flows from the ultimate tributary population/facilities (i.e. build-out conditions; phased projects).

Type	Avg. Daily Flow (gpd) [Specific to this project]	Avg. Daily Flow (gpd) [Ultimate (i.e. buildout)]
Residential:	_____	_____
Industrial:	_____	_____
Governmental:	_____	_____
Commercial:	_____	_____
Septage:	_____	_____
Infiltration:	_____	_____
TOTALS:	_____	_____

4. Receiving wastewater treatment facility name: _____

   a. Avg. daily flow:_____   b. Design flow:
   _____

5. General description of sewers and pump stations within the existing sewer system which will transport the flow from the proposed sewer extension to the receiving wastewater treatment facility. If the modification is to the wastewater treatment facility, describe the nature of the modification and its impact on the treatment process:

_____
_

_____
_

_____
_

6. Location, length, size, and capacity of sewers or force mains to be connected to the existing system, if applicable:

   a. _____
   _
   Name of Street Length of Sewer or Force Main (ft.)   Size (in.)   Design Flow (gpd)

   b. _____
   _
   Name of Street Length of Sewer or Force Main (ft.)   Size (in.)   Design Flow (gpd)

   c. _____
   _
   Name of Street Length of Sewer or Force Main (ft.)   Size (in.)   Design Flow (gpd)

OAAPLFRM rev 1_03.doc

7. Location, type, and capacity of pump stations to be connected to the existing system, if applicable:

a. _____
   _____
         Station Location   Type (conventional, package, etc.)   Station Capacity (gpm)

b. _____
   _____
         Station Location   Type (conventional, package, etc.)   Station Capacity (gpm)

c. _____
   _____
         Station Location   Type (conventional, package, etc.)   Station Capacity (gpm)

8. Existing pump stations to be improved/upgraded, if applicable:

a. _____
         Station Location   Description of Improvement

b. _____
         Station Location   Description of Improvement

c. _____
         Station Location   Description of Improvement

9. Any additional appropriate information:_____

_____

_____

_____

FOR OWR USE ONLY

APPLICATION RECEIPT DATE:_____

FILE NUMBER:_____   REVIEW START DATE:_____

REVIEWER:_____   REVIEW COMPLETION DATE:_____

ACTION(S) TAKEN:_____

_____

_____

_____

_____

OAAPLFRM rev 1_03.doc